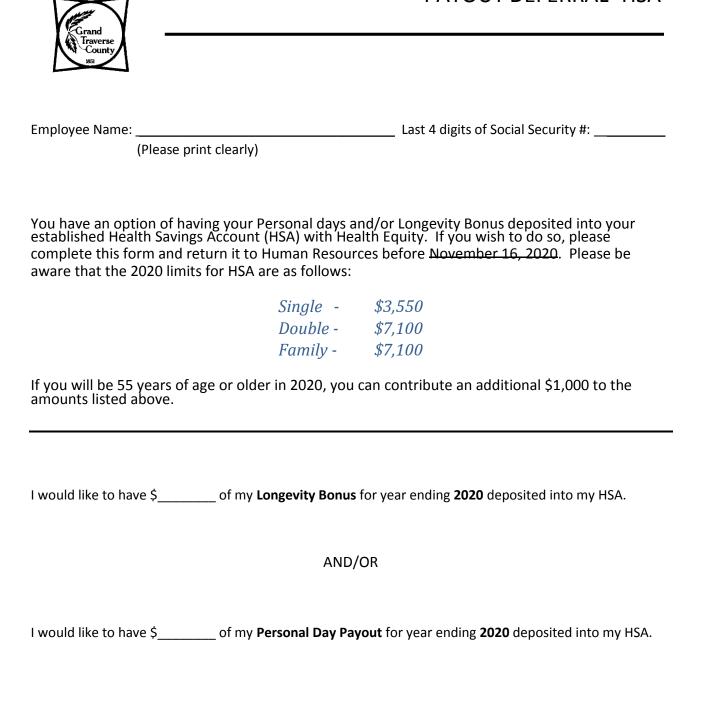
PAYOUT DEFERRAL- HSA



Signed ______ Date _____